

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

J. H. Balliett  
Cumberland

Town

County

Allegheny

MARYLAND

Date

of death 1902

Month

9

Day

26

Age

Years

56

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

France

Married, Single  
or Widowed

Married

Occupation

Nurse

Name of Wife or  
Husband

Unknown

Father's  
Name

Unknown

Father's  
Birthplace

France

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

France

Name of person giving  
Information

J. M. Spear

How related  
to deceased

Not at all

## CAUSES OF DEATH

Primary

Dysentery

How long

4 weeks

Immediate

Exhaustion

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

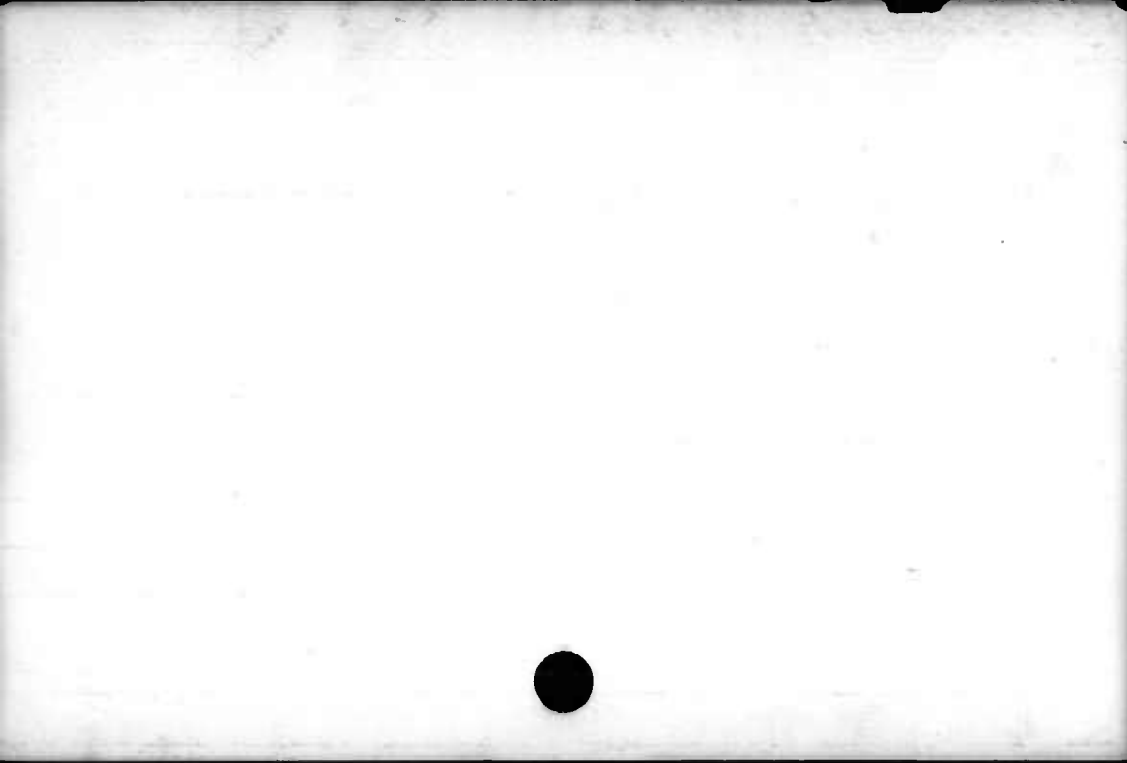
J. M. Spear

Address

Cumberland Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Rosaline Barry

Died at <sup>Town</sup> Eckhart Mines <sup>County</sup> Allegany MARYLAND

Date <sup>1902</sup> 1902 <sup>Month</sup> Sept. <sup>Day</sup> 29 <sup>Y.</sup> — <sup>M.</sup> 3 — <sup>D.</sup> — <sup>Native of</sup> Md. <sup>Occupation</sup>  
~~Male~~ <sup>White</sup> ~~Marrried~~ <sup>Widow</sup> ~~Divorced~~  
<sup>Female</sup> ~~Colored~~ <sup>Single</sup> ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name

James Barry

Mother's Name

Clara

Cause of Death { <sup>Primary</sup> <sup>Immediate</sup> Spinal Meningitis

How long sick

4 weeks

~~Accident, Suicide, Homicide~~

Reported by

R. C. Cunniff m. f.

Address

Eckhart Mines Md.



Name  
in  
Full

Sharon Brant

CERTIFICATE OF DEATH

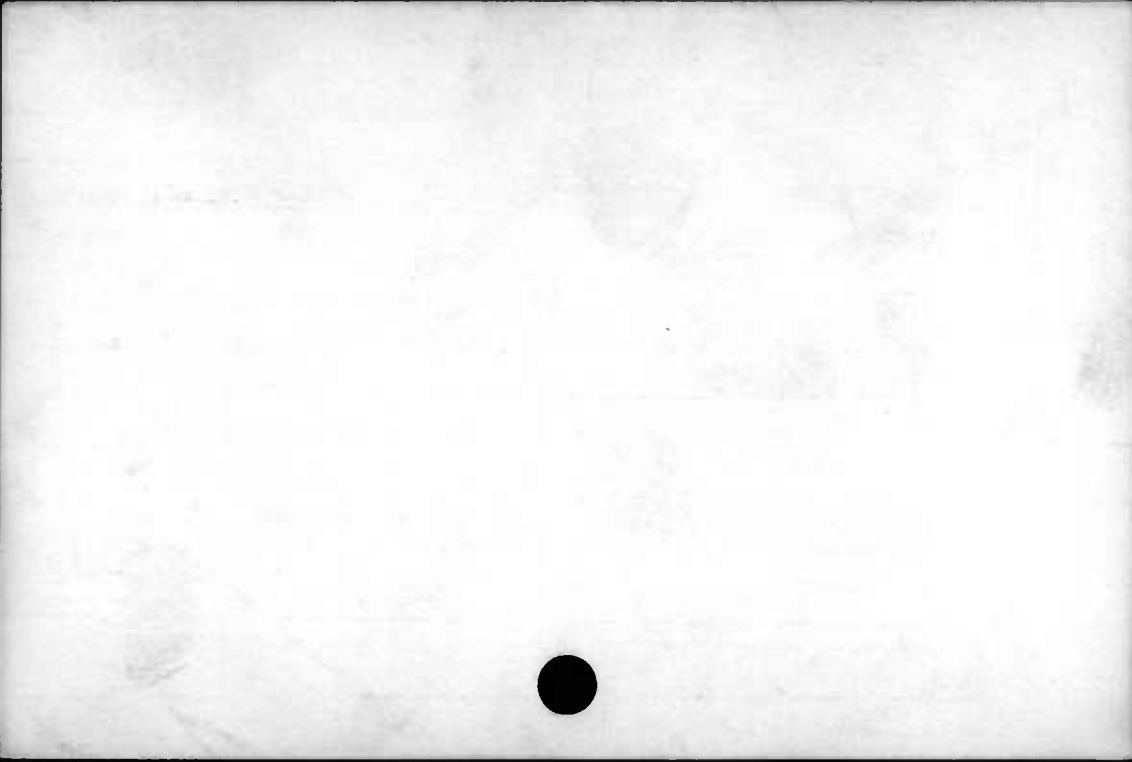
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Green Point</i> <sup>Town</sup>		<i>Allegh</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>9</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	Age <i>1</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>	<i></i> <sup>Days</sup>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ellerslie</i>	
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Jessie Brant</i>			Father's Birthplace <i>Buffalo Mills Pa</i>		
Mother's Maiden Name <i>Jennie Pisel</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Henry Everline</i>			How related to deceased <i>is now</i>		

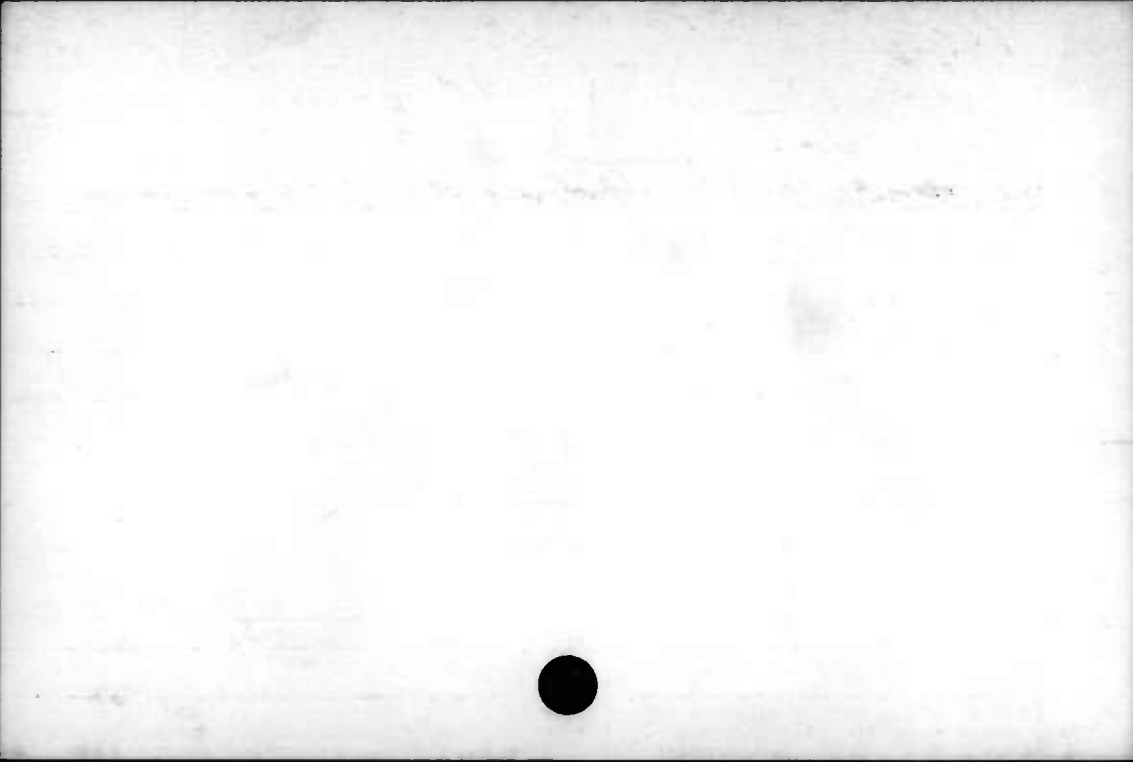
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>measels whooping cough</i>		How long <i>3 mos</i>
Immediate <i>Anemia</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Earl Smith</i>
<i>Pore Hill</i>		Address <i>Ellerslie</i>
Accident or Suicide? <i>—</i>		<i>md</i>

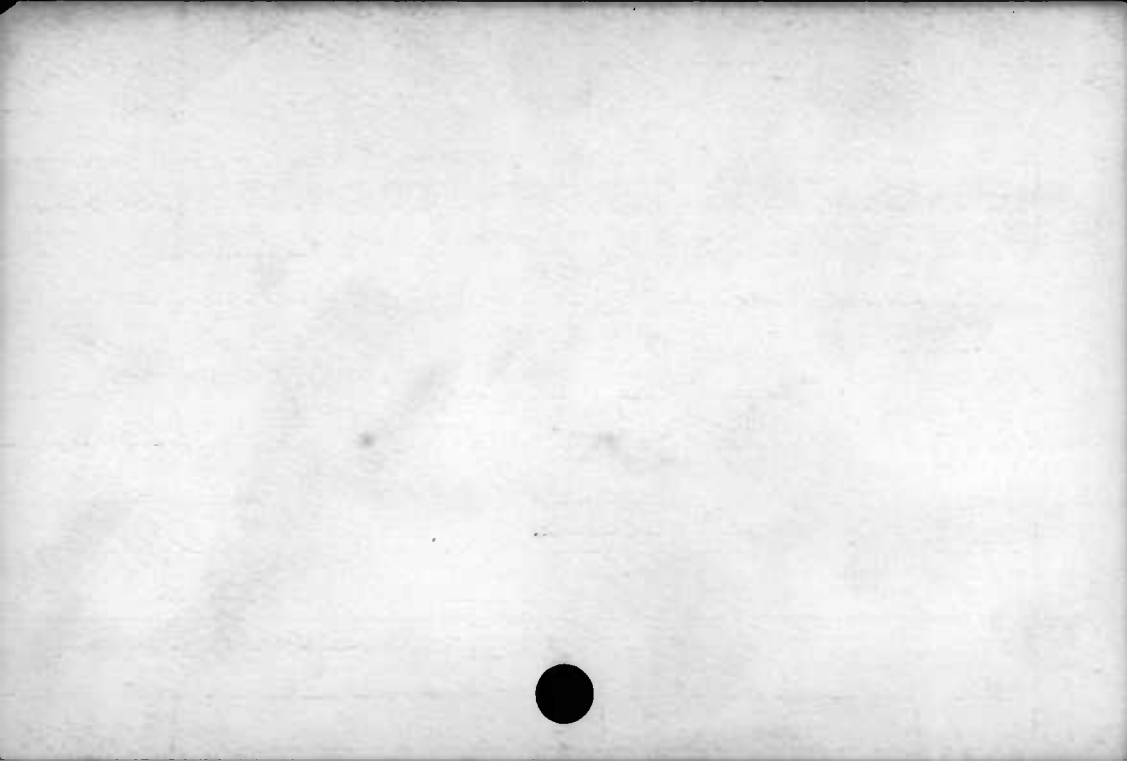


Name in Full		Certificate of Death			
Arthur Brown		TOWN Lonaconing COUNTY Allegany MARYLAND			
Died at		Date of death 1902		Age	
Month Sept		Day 2		Years 5	
Sex Male		Color or Race Colored		Birth-place Lonaconing	
Married, Single or Widowed		Occupation			
Name of Wife or Husband		Father's Name		Father's Birthplace	
Cora Brown		Cora Brown		Harrisonburg Va	
Mother's Maiden Name		Mother's Birthplace		How related to deceased	
Mary Whitlow		Bridge Water		Father	
Name of person giving information		Cora Brown			
CAUSES OF DEATH					
Primary		Capillary Bronchitis		How long	
Immediate		Meningitis		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		How long	
Yes		W. B. Skilling		2 days	
Address		Lonaconing			
Accident or Suicide?					

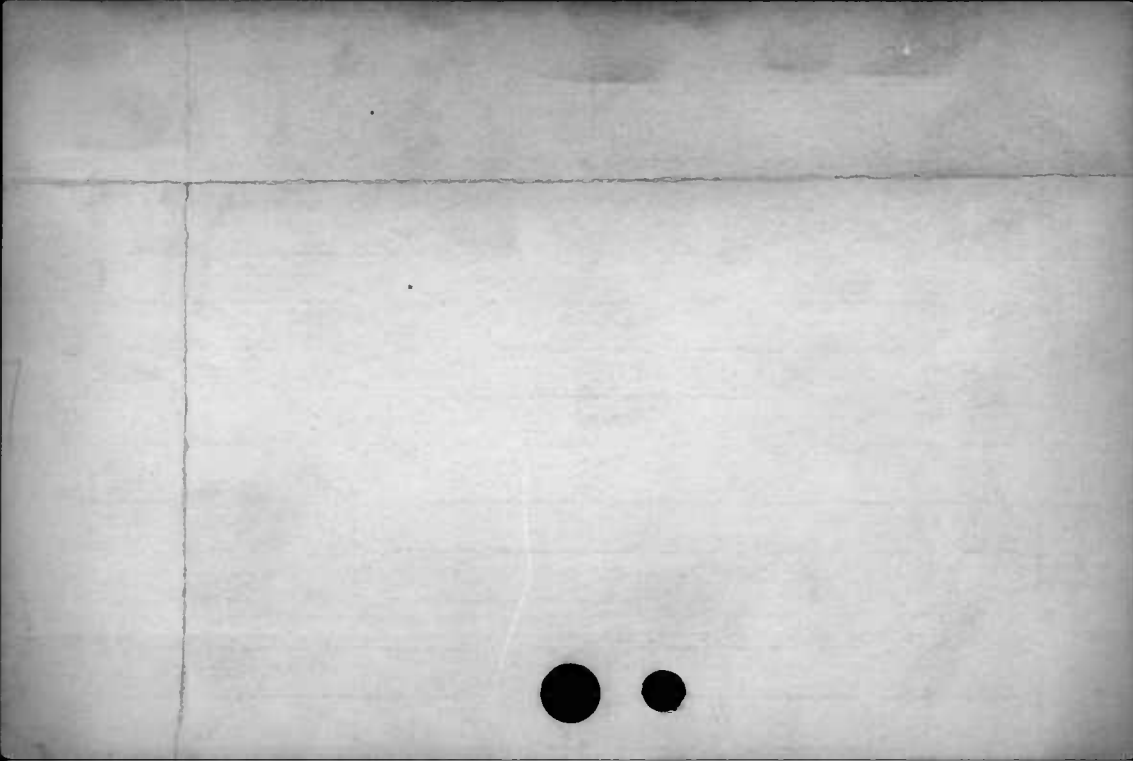




Name in Full		Dahine Walter Bussard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cumby</u> <small>Town</small>		<u>Allen</u> <small>County</small>		MARYLAND		
	Date of death 190 <u>2</u>		Month <u>sep</u>	Day <u>30</u>	Age <u>56</u> <small>Years</small>	Months <u>—</u>	Days <u>—</u>
	Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>MVA</u>		
	Married, Single or Widowed <u>Married</u>		Occupation <u>Drummer</u>				
	Name of Wife <del>Husband</del> <u>Laura Martin</u>						
	Father's Name <u>—</u>					Father's Birthplace <u>—</u>	
	Mother's Maiden Name <u>—</u>					Mother's Birthplace <u>—</u>	
	Name of person giving information <u>Undertaker</u>					How related to deceased <u>None</u>	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <u>Cephalocele</u> <u>let</u>				How long <u>10 hours</u>		
	Immediate <u>Coma</u>				How long <u>10 hours</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>Ch. Prace M.D.</u>		
					Address <u>Cumbyland</u> <u>Ind</u>		
Accident or Suicide? <u>—</u>							



Name in Full		Infant of John C. Campbell				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Cumberland		allowing			
Date of death 190		2	Month	2	Day	Sept	Age
					Years	6	Months
							Days
Sex		Male		Color or Race		white	
				Birth place		ind	
Married, Single or Widowed		Single		Occupation		diell	
Name of Wife or Husband							
Father's Name		John C. Campbell				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information		undentation				How related to deceased	
						105	
CAUSES OF DEATH							
Primary		Cholera Infantum				How long	
						40 days	
Immediate		Exhaustion				How long	
						6 days	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. J. J. J. J.	
				Address		Cumberland ind	
Accident or Suicide?		—					



Angelo Clins

Died at

Pinto

Town

County

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

24

Age

16

Italy

Laborer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Crushed under car wheel

How long sick

1 minute

Death

Immediate

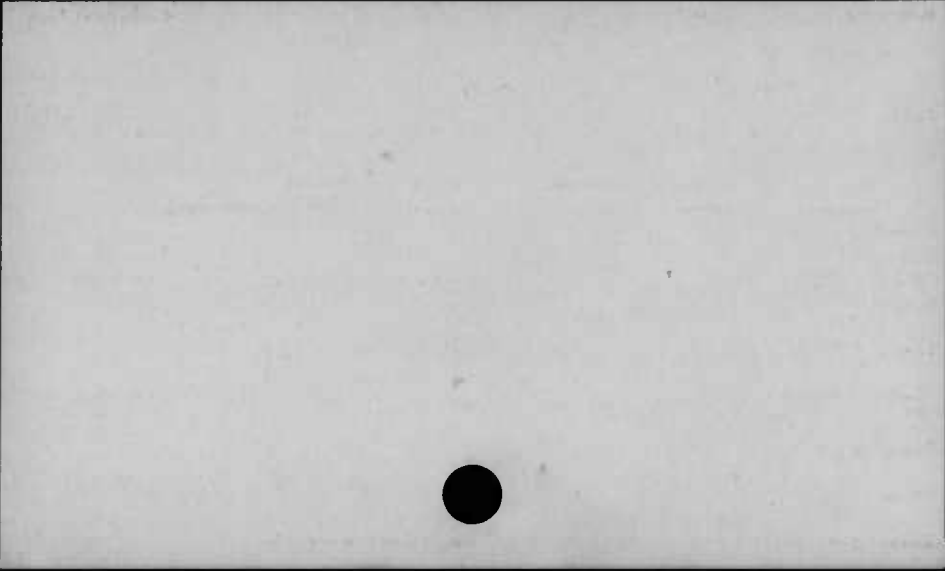
Accident, Suicide, Homicide

Reported by

Address

J. M. Spear,  
Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

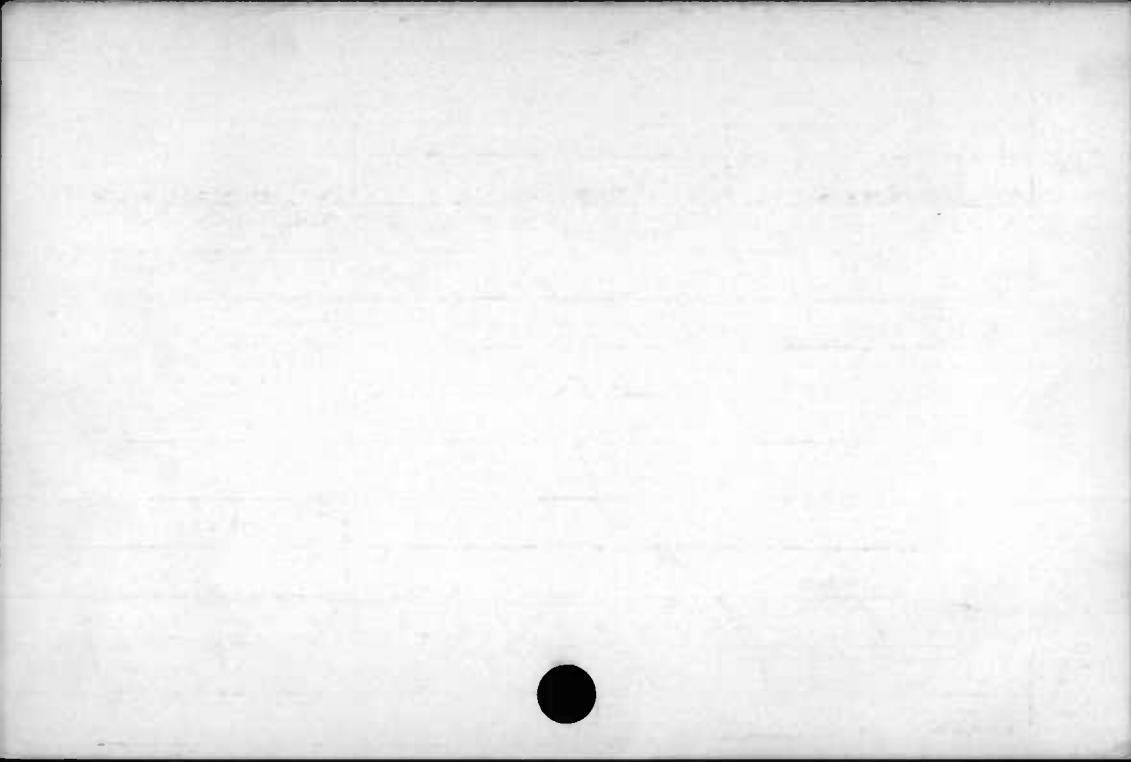
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND		
Date of death 190 <i>2</i>	Month <i>9</i>	Day <i>26</i>	Age <i>82</i>	Years <i>82</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ponacoming</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>_____</i>			Father's Birthplace <i>_____</i>			
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>			
Name of person giving information <i>Keeper of Almshouse</i>			How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart disease 79</i>	How long <i>1 year</i>
Immediate <i>drop sick</i>	How long <i>second month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Spear</i>
	Address <i>Cumberland</i>
Accident or Suicide?	





Name  
in  
Full

*Maud Davis North Davis*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Cumberland* <sup>Town</sup> *Allegheny* <sup>County</sup>

Date of death 190 <sup>2</sup> *Sept* <sup>Month</sup> *4* <sup>Day</sup> Age <sup>1</sup> *Year <sup>2</sup> *Months *Days***

Sex *Female* Color or Race *White* Birthplace *Cumberland*

Married, Single or Widowed *Single*

Occupation *Housewife*

Name of Wife or Husband *Stephen Davis*

Father's Name *Stephen Davis*

Father's Birthplace *Cumberland Md*

Mother's Maiden Name *Ida Piper*

Mother's Birthplace *Ida*

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Meningitis*  
Immediate *Exhaustion*

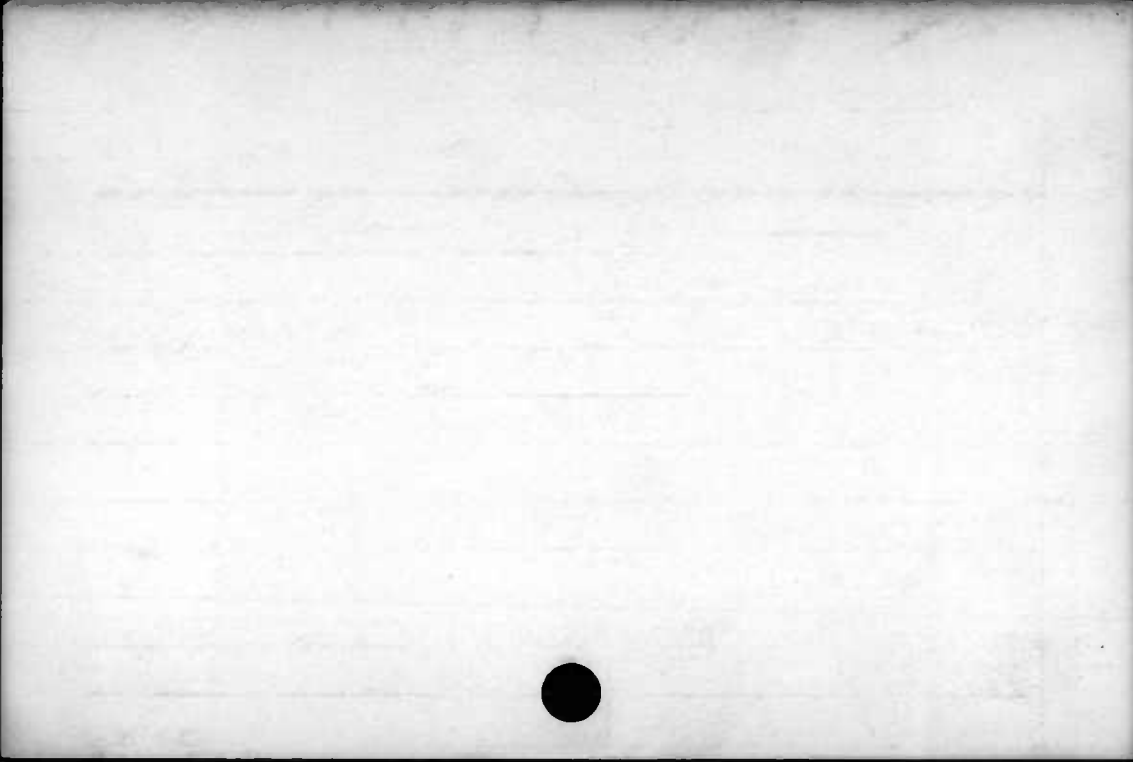
How long *61* *Weeks*  
How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Turry*  
Address *Cumberland Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Anna Durken  
 Town County  
 Died at Cumberland Allegany MARYLAND  
 Date 1902 7 2 Y. M. D. Age 68 - - Native of Ireland Occupation Housewife  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0  
 Husband of Meyer Durken  
 Wife  
 Father's Name Mother's Name  
 Maiden Name

Cause of Death { Primary Fracture of femur  
 Immediate Exhaustion Not  
 How long sick 3 weeks  
 Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Lynn H. Fagans

Town

County

Died at

Cumberland

Allegheny

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

18

7

2

27

C

none

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

~~Husband~~  
of~~Wife~~Father's  
Name

Peter Fagans

Mother's  
Name

Mary Fagans

Cause of

Primary

Congestion of brain

How long sick

10 days

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

J. H. Tompkins

Address

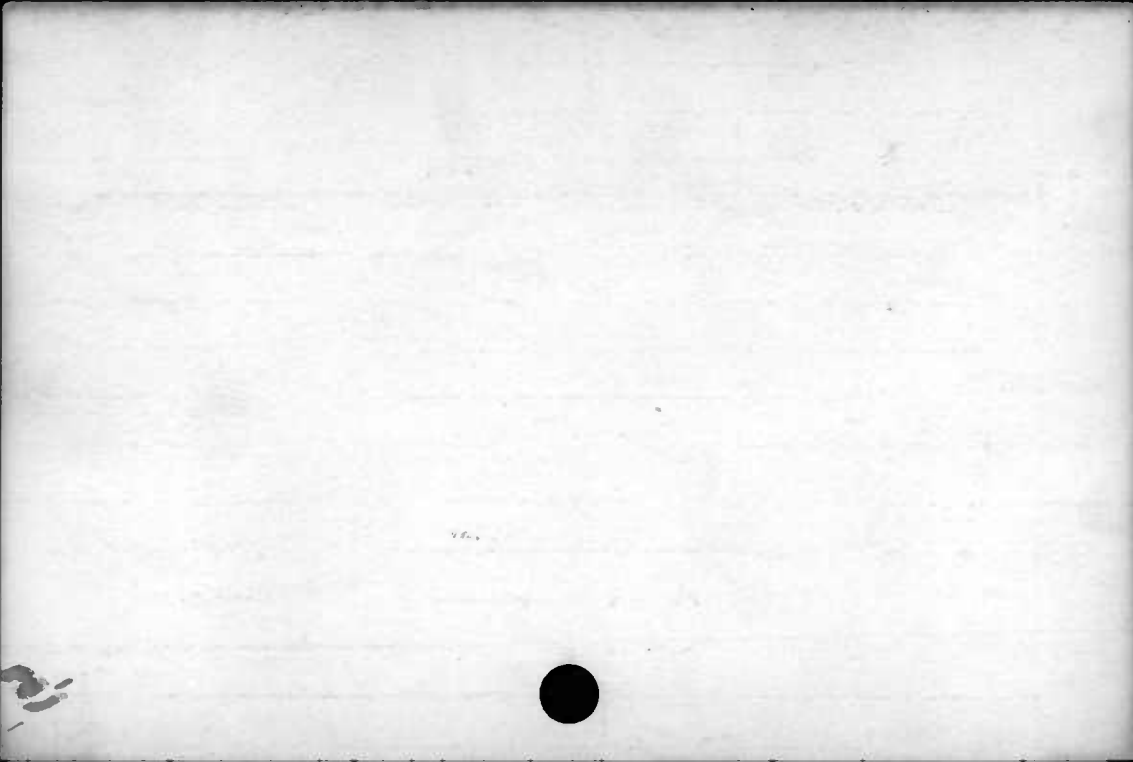
634 Mechan

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, GENE



Name in Full		Eva A. Garner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND		
		Died at		Cecil				
		Date of death 190	2	Month Sept-	1	Day	Age	74
		Sex		Female		Color or Race		Negro
		Married, Single or Widowed		Widowed		Occupation		Widow
		Name of Wife or Husband		John Garner				
		Father's Name						
		Mother's Maiden Name						
Name of person giving Information		Undelated				79		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary				How long		
		Organic Heart disease				one year		
		Immediate				How long		
		Paralysis				one day		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		J. J. J. J. J.		
Accident or Suicide?				Address		Cecil, Md.		





Died at *Henry Green*  
 Town *CPinto* County *Allegheny* MARYLAND  
 Date 19*02* Month *9* Day *20* Age *36* Y. M. D. Native of *Georgia* Occupation *Labourer*  
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~  
~~Female~~ Colored Single ~~Widower~~ Number of children living *0*

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

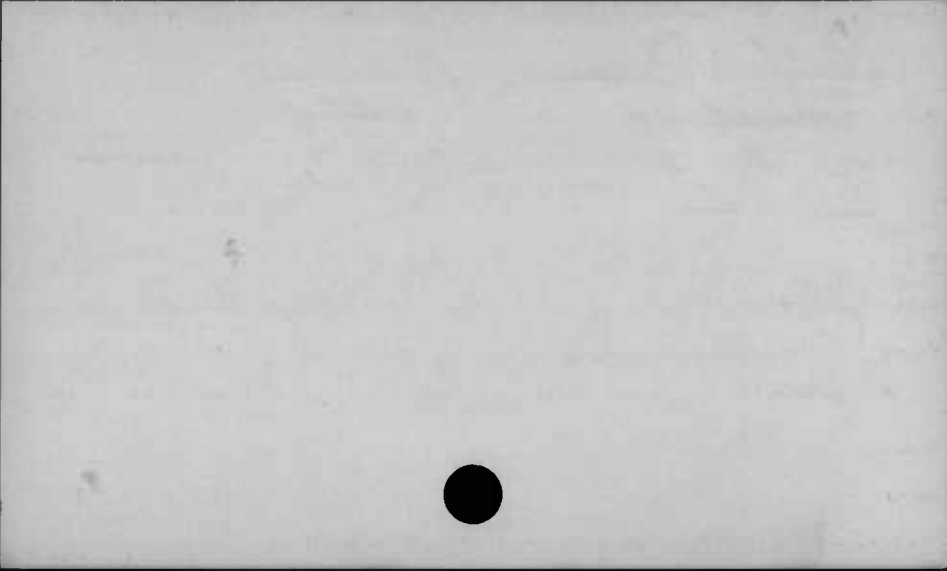
Immediate

~~Accident, Suicide~~, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Arthur Daniel Hanna  
 Town County

Died at Froelborg Allegheny MARYLAND

Date 1902 Sep 3  
 Male White ~~Married~~ Age 2-3 U.S.  
 Female ~~Colored~~ Single Widower Divorced  
 Occupation \_\_\_\_\_  
 Number of children living \_\_\_\_\_

Husband of

Wife

Father's Name Ulysis Hanna 179 Mother's Maiden Name Mary Williams

Cause of Death { Primary Think some Congenital  
 Immediate Death = did not see child alive  
 How long sick \_\_\_\_\_  
 Accident, Suicide, Homicide \_\_\_\_\_

Reported by S. J. Griffith

Address Froelborg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

So May -

all your country -

Name  
in  
Full

Mary Jane Hendricks

CERTIFICATE OF DEATH

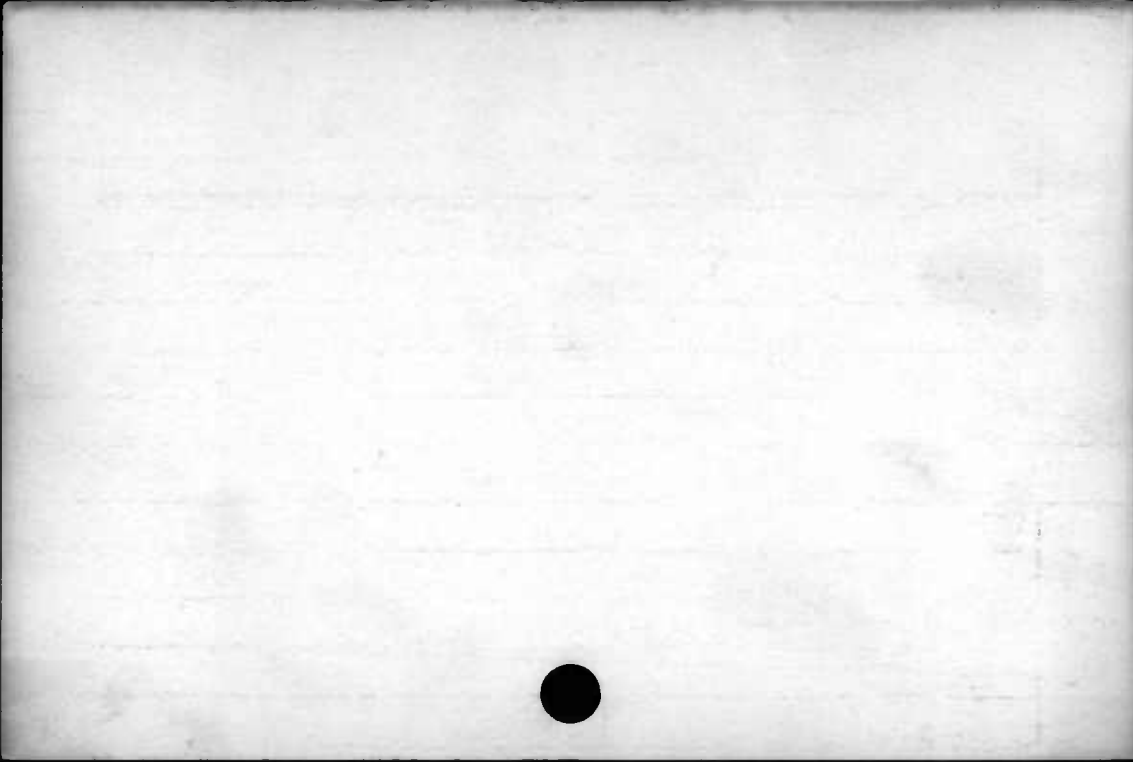
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtulaace</u> <small>Town</small>			<u>Accompany</u> <small>County</small>			MARYLAND			
Date of death 190 <u>2</u>		Month <u>Sept</u>		Day <u>16</u>		Age <u>59</u> <small>Years</small>		Months	Days
Sex <u>Female</u>			Color or Race <u>white</u>			Birth-place <u>Virginia</u>			
Married, Single or Widowed <u>Married</u>			Occupation <u>wife</u>						
Name of Wife or Husband <u>Thomas Hendricks</u>									
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information <u>undertaker</u>						How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Paralysis</u>		How long <u>Seven years</u>
Immediate <u>Exhaustion</u>		How long <u>five days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>John W. [unclear]</u>
		Address <u>Cumtulaace</u>
		<u>Maryland</u>
Accident or Suicide? <u>—</u>		



*Nora L Hoffmann*  
 Town County

Died at *Cumbelee* *Sequoy* MARYLAND

Date 19 <i>02</i>	Month <i>Apr</i>	Day <i>14</i>	Y. <i>2</i>	M. <i>13</i>	D. <i>13</i>	Native of	Occupation <i>Chin</i>
Male		White	Married		Widow	Divorced	
Female		Colored	Single		Widower	Number of children living	<i>0</i>

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

*Cholera Infantis*

How long sick

*2 months*

Death

Immediate

*Exhaustion*

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Anna Elizabeth Joyce

Town

County

MARYLAND

Died at

Annapolis Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 Sept-85

Age

- 7 -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

P. H. Joyce

Mother's

Maiden Name

Anna Rowan

Cause of

Primary

Tubercular Meningitis

How long sick

3 Wk

Death

Immediate

Accident, Suicide, Homicide

Reported by

E. B. Claybrook 28

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Mrs. Catherine Judy*

MARYLAND

Died at *Cumberland* Town *Allegheny* County

Date of death 190 *2* <sup>Month</sup> *Sept* <sup>Day</sup> *6th* - <sup>Years</sup> *73* Age *73* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Ind*

~~Married~~ *Widowed* Occupation *Housewife*

Name of Wife or Husband *Don't know*

Father's Name *" " "* Father's Birthplace *—*

Mother's Maiden Name *" "* Mother's Birthplace *—*

Name of person giving information *—* *40* How related to deceased *—*

CAUSES OF DEATH

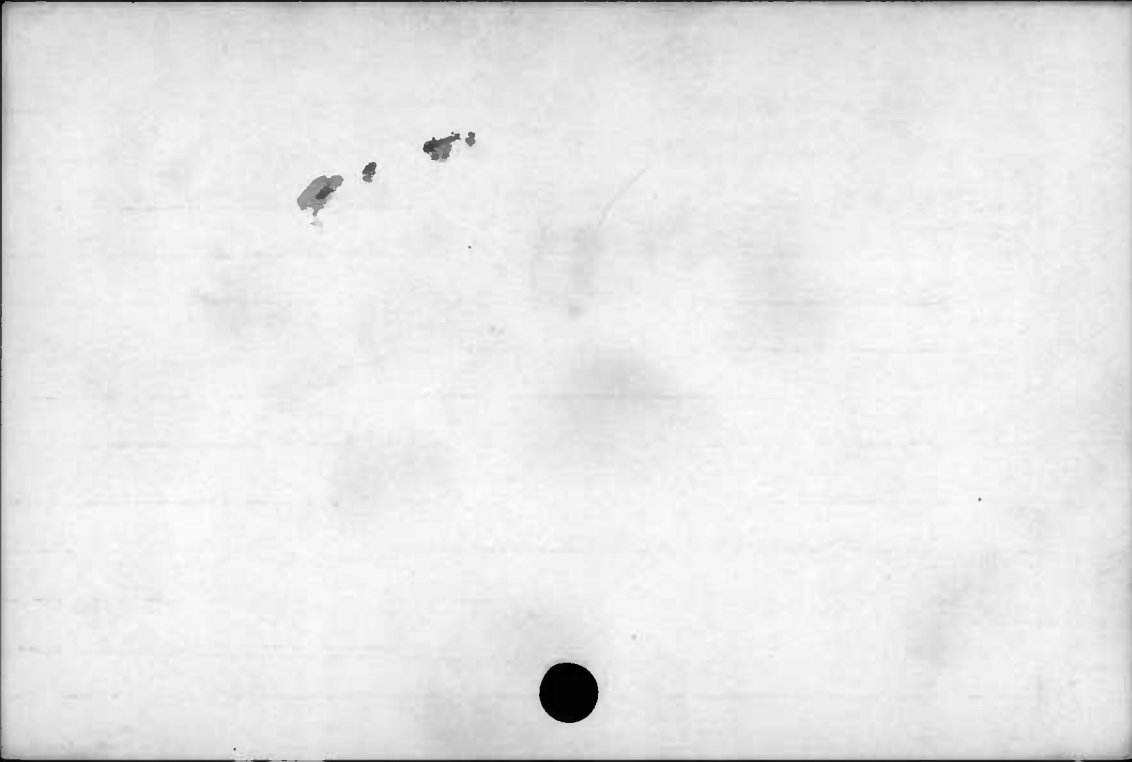
Primary *Carcinoma Hepatic* How long *—*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. B. H. S. Donald*

Address *Cumberland Ind*

Accident or Suicide? *—*



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Name of

Occupation

03

9 23

Age

48 3 17

Mrs. Housewife

Female

White

Married

Widow

Divorced

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

How long sick

13 months

Death

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

C. H. Nickel

Allegamus

Name In Full

Certificate of Death

Robert Kenney

Town

County

Died at

Cumberland

Calley Run

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Apr 24

Age

20

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

J H Kenney

Mother's

Maiden Name

Mary Gensden

Cause of

Primary

Crushed to death

How long sick

6 hrs

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

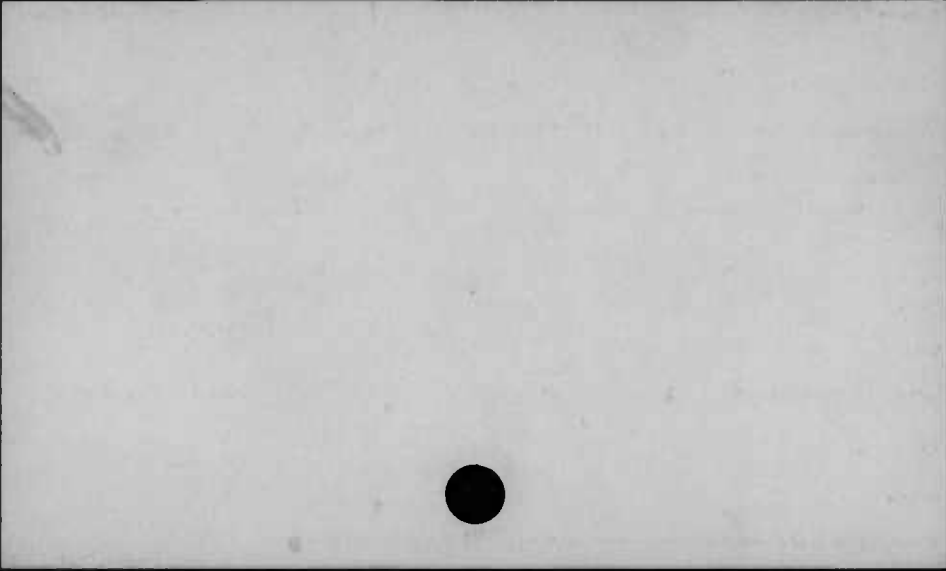
Reported by

W J Calley Jr

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808





Name  
in  
Full

William Gibson Little

## CERTIFICATE OF DEATH

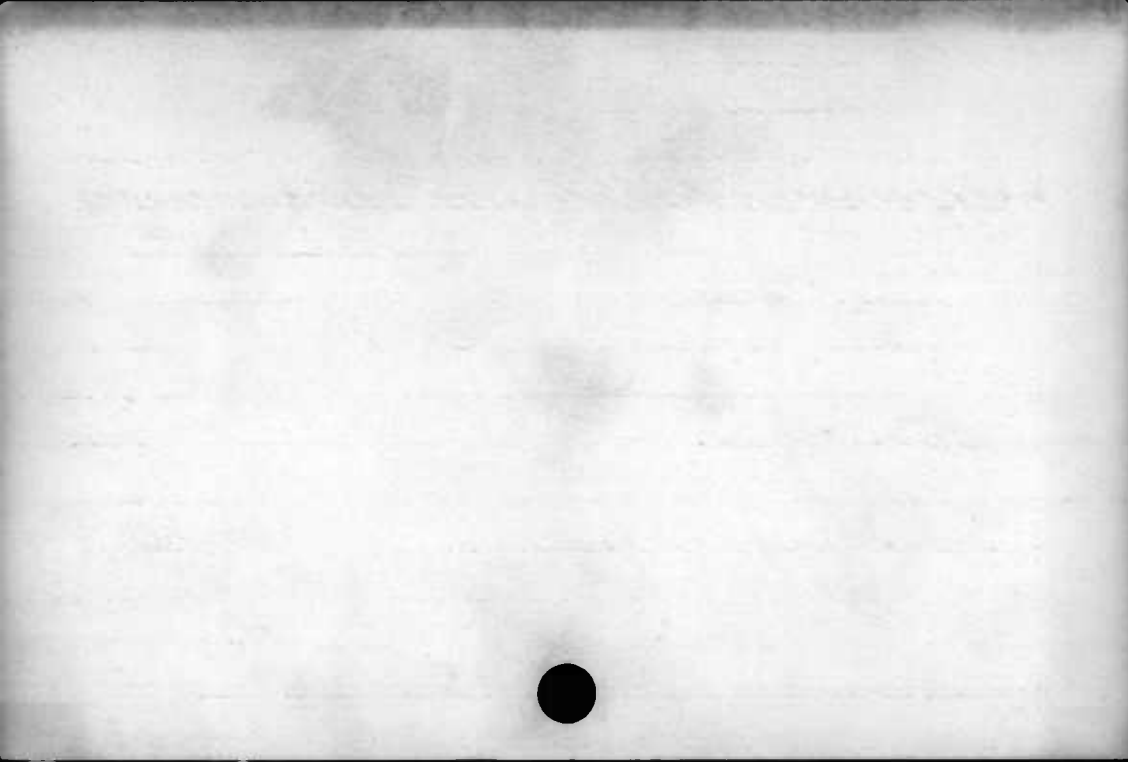
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Cumber <sup>Town</sup>		Alla <sup>County</sup>		MARYLAND	
Date of death 190	2	Month	Apr	Day	13-14	Years	32
Sex		male		Color or Race		white	
Married, Single or Widowed		married		Occupation		Rail - Road	
Name of Wife or Husband		Figgie Betz					
Father's Name		Wm G Little				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information		Undertaker 175				How related to deceased	
						none	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Carbolic acid poisoning	How long	Immediate
Immediate	Prima	How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		E. H. Bracey, M.D.	
Address		Cumber mo	
Accident or Suicide?		unknown	



Died at		Town		County		MARYLAND		
Date 19		Month	Day	Y.	M.	D.	Native of	Occupation
1902		Sept	8 <sup>th</sup>	—	—	—	Ind	—
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living
Husband of								
Wife								
Father's Name		W. G. Little		Mother's Maiden Name		Lizzie		Belz
Cause of		Primary		How long sick				
Death		Immediate		Still Born		Accident, Suicide, Homicide		
Reported by		H. S. Wailes						
Address								

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ellen Martin

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Sept 10

Age

9

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Typhoid fever

Death

Immediate

Constitution

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

Mrs. H. H. Martin

Address

Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

18



Name in Full

Certificate of Death

Martha Warner

Town

County

Died at

Frostburg

MARYLAND

Date 189

or

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

9

21

Age

56

-

-

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Phtleusis

How long sick

Death

Immediate

11

27

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 63066

C. F. Nickel -  
Alley Harry Cemetery.



Name In Full

Certificate of Death

Janet Moon

Town

County

Died at

Midland

Allegany

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	9	11		7		USA	
<del>Male</del>	White	<del>Married</del>		Widow		<del>Divorced</del>	
Female	<del>Colored</del>	Single		<del>Widower</del>		Number of children living	

Husband  
of  
WifeFather's  
Name

Jno Moon

Mother's  
Name

Rebecca Drum

Cause of

Primary

Discolitis

How long sick

3 weeks

Death

Immediate

Inflammation

105

~~Accident, Suicide, Homicide~~

Reported by

C. B. Brothman

Address

Lanham

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Neville

## CERTIFICATE OF DEATH

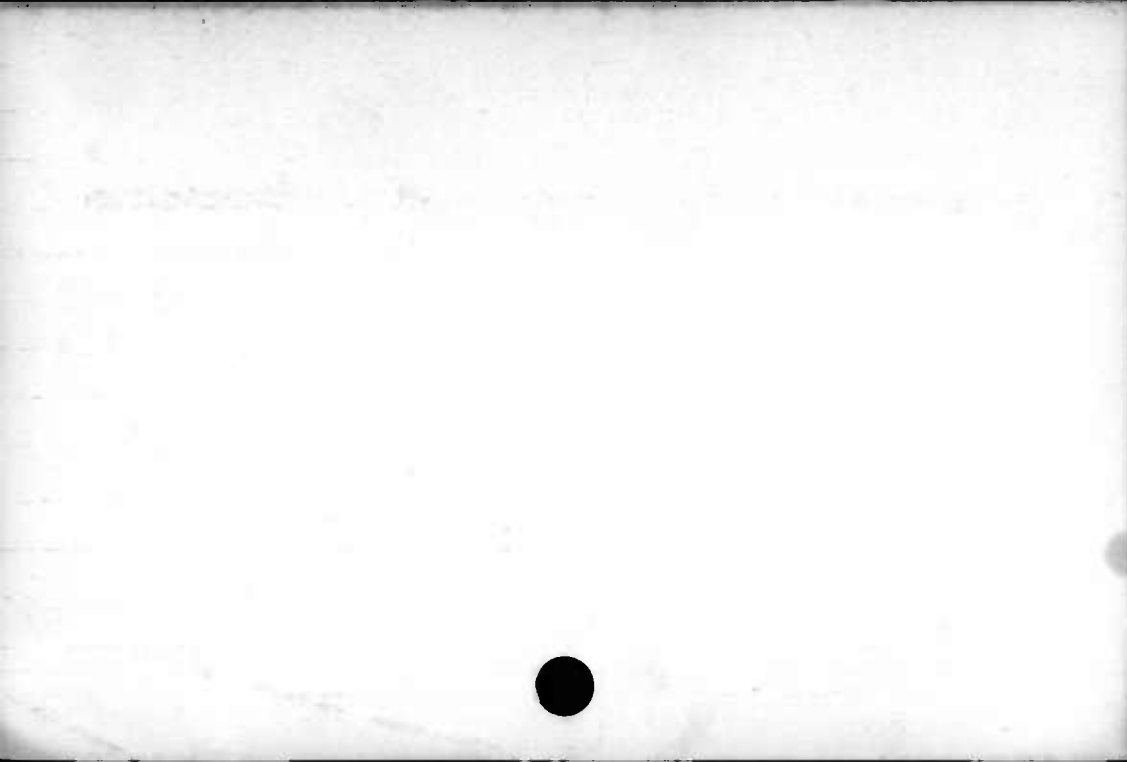
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Barton</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 1902	Month <u>Sept.</u>	Day <u>22</u>	Age <u>1</u> Years	Months <u>1</u>	Days <u>16</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Barton</u>		
Married, Single or Widowed <u>L</u>			Occupation <u>L</u>		
Name of Wife or Husband <u>L</u>					
Father's Name <u>James Neville</u>			Father's Birthplace <u>W. Virginia</u>		
Mother's Maiden Name <u>Susan E. Fike</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Mrs. Neville</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cholera infantum Dysentery</u>	How long <u>one week</u>
Immediate <u>L</u>	How long <u>L</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. A. Borchers</u>
	Address <u>Barton</u>
Accident or Suicide? <u>L</u>	



Name  
in  
Full

Mary Ann Catharine Nicol

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Conaconing</u> <sup>Town</sup>		<u>Allegheny</u> <sup>County</sup>			
Date of death 190 <u>2</u>	Month <u>Sept.</u>	Day <u>30</u>	Age <u>23</u>	Years <u>7</u>	Months <u>2</u>
Sex <u>Female</u>		Color or Race <u>White. Caucasian</u>	Birth-place <u>Conaconing Md</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Wife</u>			
Name of <del>Wife</del> Husband <u>Charles Nicol</u>					
Father's Name <u>James Leesdale Jr.</u>			Father's Birthplace <u>England</u>		
Mother's Maiden Name <u>Virginia Green</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving Information <u>Mother Jas. Leesdale Jr.</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>23 days &amp;.</u>
Immediate <u>Intestinal hemorrhage</u>	How long <u>2 days &amp;</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. Gibson Portin</u>
	Address <u>Conaconing Md.</u>
Accident or Suicide? <u>No.</u>	



Katherine O'Tool

Died at <sup>Town</sup> Cumberland <sup>County</sup> Allegany MARYLAND

Date 1902 <sup>Month</sup> 9 <sup>Day</sup> 21 <sup>Age</sup> 1-3 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md. <sup>Occupation</sup> \_\_\_\_\_

~~Male~~ <sup>White</sup> ~~Married~~ <sup>Widow</sup> ~~Divorced~~  
 Female ~~Color~~ ~~Single~~ ~~Widower~~ ~~Never Married~~

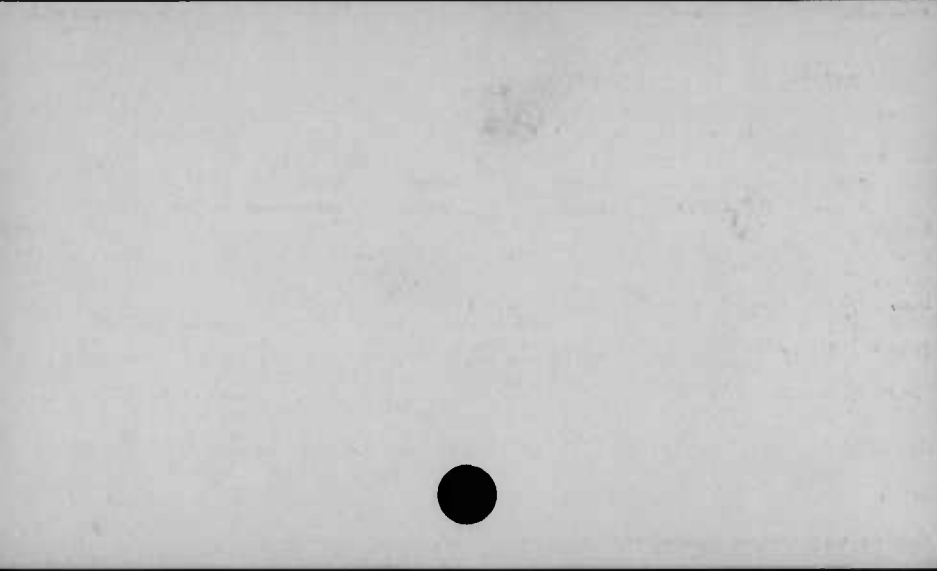
Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_

Father's Name Dan O'Tool Mother's Maiden Name \_\_\_\_\_

Cause of Death { Primary Meningitis 61 How long sick 2 Weeks  
 Immediate Accident, Suicide, Homicide

Reported by Dr. E. B. Claybrook,  
 Address \_\_\_\_\_ Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Mary. Louise Piatt

## CERTIFICATE OF DEATH

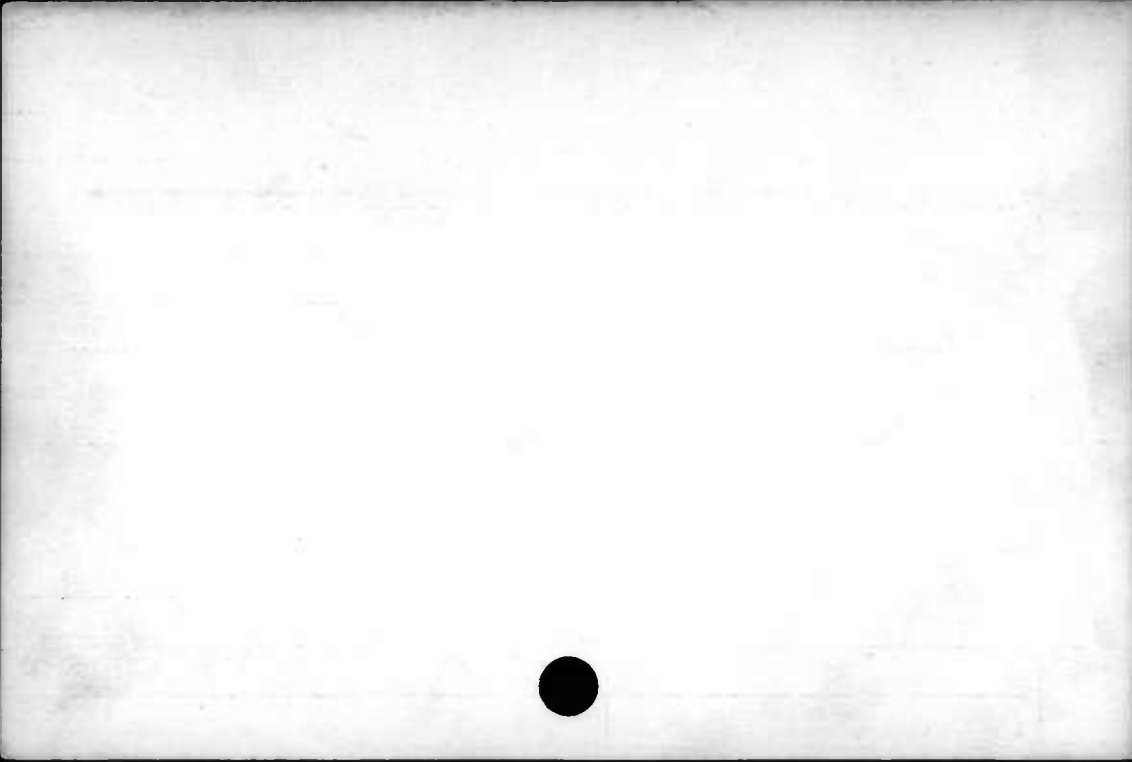
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Age	Years	Months	Days
9		21	82			0	1
Sex		Color or Race		Birth-place			
Female		White American					
Married, Single or Widowed				Occupation			
Single							
Name of Wife or Husband				Mary L. Piatt			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
				as			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Edema	How long
Immediate	Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		J. J. Johnson, M.D.
		Address
		Chamberland, Md.
Accident or Suicide?		



Name in Full

Certificate of Death

Name in Full: *James Richie*  
 Died at: *Borden shaft* <sup>Town</sup> *Allegheny* <sup>County</sup> *MARYLAND*  
 Date 19 *07* <sup>Month</sup> *Sept* <sup>Day</sup> *21* Age *45-9* <sup>Y.</sup> *8* <sup>M.</sup> *Scotland* <sup>D.</sup> *Miner* <sup>Native of</sup> *8* <sup>Occupation</sup>  
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *0*

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Maiden Name

Mother's

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72893

Ch. N. Allen

Name  
in  
Full

Charles Ross

CERTIFICATE OF DEATH

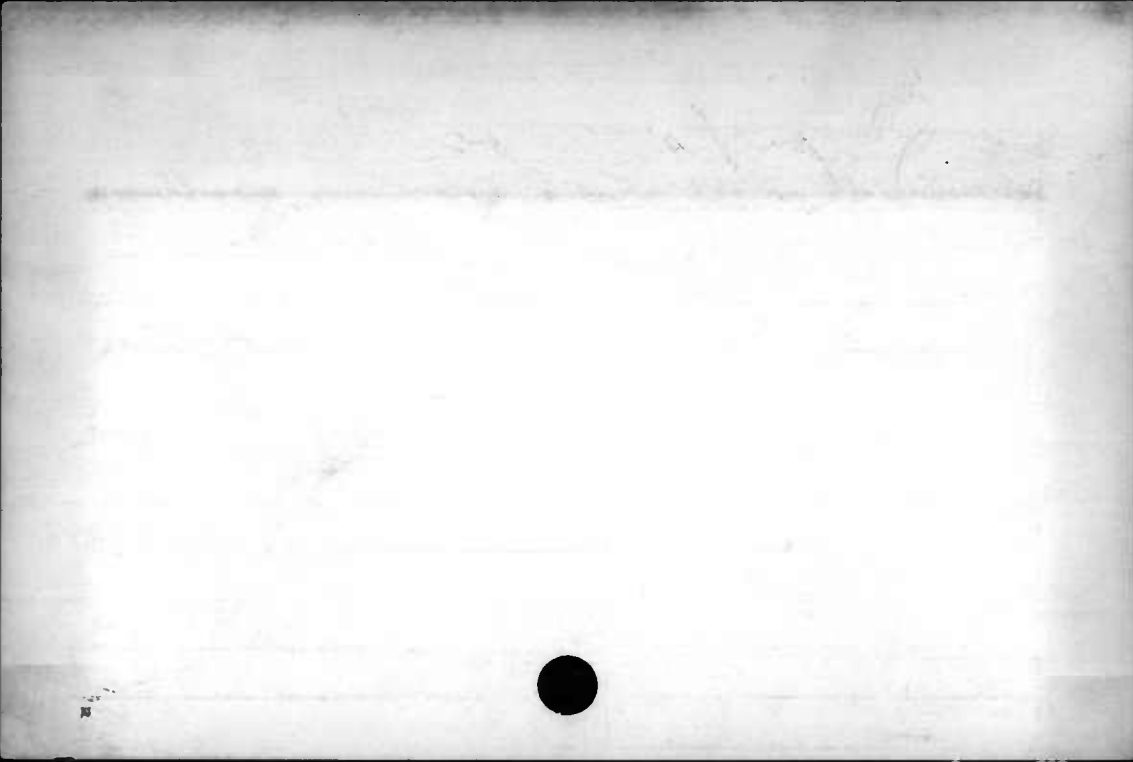
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Lonaconing</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 190	<u>2</u> Month	<u>Sept</u> Day	<u>4</u> Year	Age <u>56</u>	Months <u>11</u> Days <u>22</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Scotland</u>		
Married, <u>Single</u> or <u>Widowed</u>			Occupation <u>Miner</u>		
Name of Wife or <u>Stinson</u> <u>Husband</u>					
Father's Name <u>Charles Ross</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Orna Linnard</u>			Mother's Birthplace <u>"</u>		
Name of person giving In formation <u>Mrs Chas Ross</u>			How related to deceased <u>wife</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Concussion of Spine due to accident.</u>	How long	<u>4 weeks</u>
Immediate	<u>Paralysis</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>W. J. Skilling</u>	
		Address	
		<u>Lonaconing,</u>	
Accident <u>—</u>			



Died at

MARYLAND

Date 19

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Brights Disease

How long sick

One Year

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

O. H. Brace

Address

Cumbria Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

John Steelman

Town

County

Died at

Cumber

Alba.

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
10	2	14	27	-	-	Pa	Labourer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name

Mother's

Maiden Name

John Steelman

175

Cause of

Primary

Carbolic acid poisoning

How long sick

Immediately

Death

Immediate

shock

Accident, Suicide, Homicide

Reported by

O. L. Bruce

Address

Cumber Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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### Certificate of Death

Died at Fresno <sup>Town</sup> 1 <sup>County</sup>

MARYLAND

Husband of Conrad Weyhman  
 Wife  
 Father's

Name \_\_\_\_\_ Name \_\_\_\_\_

Reported by A. J. C. A. C.

Address *J. Hollingshead*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65040

C. F. Nickel.

German Lutheran Co

Name In Full

Certificate of Death

Died at *O. H. Wade*  
 Town *Ockhart* County *Allegheny* MARYLAND  
 Date 19*02* Month *9* Day *21* Age *62* — Native of *Christiana* Occupation *Farmer*  
 Male *White* Married *Widow* Divorced *Widower* Number of children living *4*  
 Husband of *Mary E. Skinner*  
 Wife *Skinner*  
 Father's Name *Skinner* Mother's Name *Skinner*  
 Cause of Death { Primary *Consumption* Immediate *27* How long sick  
 Accident, Suicide, Homicide  
 Reported by *O. F. Nickel Underhiller*  
 Address *Frostburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

C. F. Mickel  
Catholic Cemetery.

---

Arthur Water

Died at Frostburg Town Allegheny County MARYLAND

Date 1902 Sept. 29 Month Day Y. M. D. Age 7-11 00 Native of U.S. Occupation School

Male ~~Female~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Never married~~

~~Single~~ ~~Colored~~ ~~Widower~~ ~~Married children living~~

Husband  
of  
Wife

Father's Name Jones Water

Mother's Maiden Name Mary Edison

Cause of Death { Primary Chronic Nephritis Immediate con } How long sick 6 months

120

Accident, Suicide, Homicide

Reported by

Thomas F. D. Mason  
Frostburg, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

G. & M.  
Keyser,



Died at Cumberland Town Allegheny County MARYLAND  
 Date 1902 Sept 8-9 Month Sept Day 8-9 Y. 2 M. 10 D. 10 Native of MD Occupation   
~~Male~~ White Married Widow Divorced  
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Samuel Wilkes Mother's Maiden Name

Cause of Death { Primary Mal-nutrition 151 How long sick 6 weeks  
 Immediate Aggravated Accident, Suicide, Homicide

Reported by J. A. SampsonAddress 69 N. M. Egan St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Fred. W. Witmore.

Town

County

Died at

Frostburg Allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

9

14

Age

5

Ind

Woman child

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Morris Witmore

Maiden Name

Emma Wheeler

Cause of

Primary

Spasms

How long sick

12 hours

Death

Immediate

Spasms

71

~~Accident, suicide, Homicide~~

Reported by

C. Jacobs

Address

Frostburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

9/11/11



Name  
in  
Full

C. E. Wolf

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death 1902	Month 9	Day 26	Age 22	Years	Months	Days	
Sex Male	Color or Race White		Birth- place Unknown				
Married, Single or Widowed Single			Occupation Brakeman on R.R.				
Name of Wife or Husband							
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving In formation Self				How related to deceased 166			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Ry accident - lost arm & crushed head	How long	4 days
Immediate	Coma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. M. Spear	
Address		Cumberland	
Accident		Accident	

